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Improving Health Care Delivery, November 23, 1981

Vern Riffe

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REMARKS BY HOUSE SPEAKER VERN RIFFE

TO THE

OHIO STATE UNIVERSITY COLLEGE OF PHARMACY INVITATIONAL SYMPOSIUM ON
"IMPROVING HEALTH CARE DELIVERY IN MEDICAID PROGRAMS"

6 P.M. DINNER, MONDAY, NOVEMBER 23, 1981

FAWCETT CENTER FOR TOMORROW

2400 OLENTANGY RIVER ROAD, COLUMBUS, OHIO

DR. PATHAK PRONOUNCED (PATHUK), LADIES AND GENTLEMEN, THANK YOU

FOR ASKING ME HERE THIS EVENING. I AM PLEASED THAT YOU HAVE FELT THE
NEED TO HEAR FROM A LEGISLATOR AS YOU STUDY THE DETAILS OF MEDICAID
PROGRAMS AROUND THE NATION.

I HAVE LOOKED AT YOUR PROGRAM FOR THE TWO DAYS AND AM AWARE THAT
YOU HAVE HEARD DETAILED REPORTS ON MEDICAID EXPERIENCES IN TEXAS,
NEW YORK, OHIO, CALIFORNIA AND OTHER STATES. ALSO I KNOW THAT YOU HAVE
HEARD EXPERTS DISCUSS THE FUTURE OF STATE MEDICAL ASSISTANCE AND THAT
YOU WILL BE HEARING IN-DEPTH DISCUSSIONS OF SUCH SUBJECTS AS COST
EFFECTIVENESS, THE PRIVATE SECTOR, FEDERAL CUTBACKS, EVALUATION,
COMPETITION AND OTHER MATTERS AS THEY RELATE TO MEDICAID. AS A

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LEGISLATIVE LEADER, I AM ALWAYS CONCERNED THAT EACH DOLLAR WE

APPROPRIATE IS PROPERLY SPENT. I COMMEND YOU FOR YOUR EFFORTS IN

EXAMINING THE PROGRAMS WITH THE INTENT OF MAKING THEM BETTER,

MORE EFFECTIVE AND MOST IMPORTANTLY, MAKING THEM DO THE THINGS THEY

ARE SUPPOSED TO DO FOR THE CITIZENS OF OUR STATES.

MEDICAID---FROM A LAWMAKER'S POINT OF VIEW

WE LEGISLATORS WANT TO MAKE CERTAIN THAT WE HEAR, UNDERSTAND AND
ACT TO MEET THE NEEDS OF THE PEOPLE OF OUR STATES. WE MUST DO THE
MOST GOOD FOR THE MOST PEOPLE.

MEDICAID WAS ORIGINALLY INTENDED TO SERVE THOSE PEOPLE THAT HAD
HISTORICALLY BEEN LEFT OUT OF HEALTH CARE DELIVERY BECAUSE OF
POVERTY AND OTHER SOCIAL ILLS. WE WHO REPRESENT THE PEOPLE IN THE
LAWMAKING, POLICY-MAKING BRANCH OF GOVERNMENT, THE GENERAL ASSEMBLIES
OF OUR STATES, DECIDED TO JOIN THE FEDERAL LAWMAKERS AND CREATE
PROGRAMS THAT WOULD PROVIDE FULL RANGE MEDICAL SERVICES TO THAT

LARGE PART OF AMERICAN SOCIETY THAT HAD NOT BEEN ABLE TO AFFORD AND
GET THE CARE IN THE PAST.

PLEASE REMEMBER, THE ORIGINAL--AND STILL IN MY MIND--PURPOSE OF
THE MEDICAID PROGRAM IS TO ALLOW PERSONS TRADITIONALLY EXCLUDED
FROM HEALTH CARE DELIVERY ACCESS TO THOSE SERVICES.

AS STANLEY SELLS SAID EARLIER TODAY, "AFTER 15 YEARS EXPERIENCE,
MEDICAID HAS, IN FACT ENABLED THAT ACCESS TO THE HEALTH CARE DELIVERY
SYSTEMS FOR THOSE PREVIOUSLY EXCLUDED.

IN FISCAL YEAR 1980 WE APPROPRIATED \$675 MILLION TO RUN THE
MEDICAID PROGRAM IN OHIO. IN FISCAL YEAR 1981 OHIO IS SPENDING JUST
UNDER \$1 BILLION ON MEDICAID. THE BUDGET WE JUST PASSED APPROPRIATES
\$1 BILLION 63 MILLION FOR FISCAL YEAR 1982 AND \$1 BILLION 137 MILLION
FOR FISCAL YEAR 1983. THIS ITEM OF EXPENDITURE HAS THUS ALMOST DOUBLED
IN JUST A THREE-YEAR PERIOD.

ROUGHLY 55% OF THESE MEDICAID DOLLARS ARE REIMBURSED BY THE

FEDERAL GOVERNMENT. WE HAVE 750,000 PEOPLE ELIGIBLE FOR MEDICAID.

I AM GLAD YOU ARE HERE IN THIS MEETING

I AM VERY GLAD THAT ALL OF YOU, MEDICAL AND HEALTH CARE PROFESSIONAL,
STATE ADMINISTRATORS, PROVIDERS AND OTHERS ARE HERE DISCUSSING
MEDICAID. I KNOW THAT YOU ARE SEEKING WAYS TO MAKE THE PROGRAM AS
EFFECTIVE AS POSSIBLE WITH COST REDUCTIONS. YOU MUST BE SUCCESSFUL.
I UNDERSTAND THAT OUR STATE, LIKE YOURS, WILL BE RECEIVING 2,3,4 AND
4.5 PERCENT FEWER FEDERAL DOLLARS DURING THE NEXT FOUR FISCAL YEARS
FOR OUR MEDICAID PROGRAMS.

AT A TIME WHEN MOST STATES ARE HAVING THE CRITICAL PROBLEMS OF
HIGH UNEMPLOYMENT, EXTRA-ORDINARY INFLATION, INDUSTRIAL DECLINE,
NEW SOCIAL AND MEDICAL PROBLEMS, WE FIND THAT FEDERAL SUPPORT FOR
BASIC HEALTH CARE DELIVERY TO THOSE MOST IN NEED WILL DECLINE.
IT JUST DOESN'T MAKE SENSE. BUT, THAT IS WHAT WE ARE FACING.

WHILE I MUST WORK IN THE GENERAL ASSEMBLY TO FIND WAYS TO RAISE

ADDITIONAL STATE TAX DOLLARS TO SUPPORT MEDICARE PROGRAMS, YOU MUST
WORK HARD HERE AND EVERY DAY TO FIND WAYS TO MAKE THOSE SLIM DOLLARS
GO FURTHER. THAT'S WHY I REPEAT THAT YOU MUST BE SUCCESSFUL HERE IN
THIS SYMPOSIUM.

THE PRIVATE SECTOR VERSUS THE PUBLIC SECTOR

AS YOU DEAL WITH THE LARGE QUESTION OF COST EFFECTIVENESS IN
STATE MEDICAL ASSISTANCE YOU WILL BE HEARING FROM THOSE IN THE
PRIVATE SECTOR WHO BELIEVE THAT SUCH PUBLIC SERVICES CAN BE PROVIDED
BEST BY PRIVATE BUSINESS AND YOU WILL BE HEARING FROM PUBLIC ADMINISTRATORS
WHO FEEL THAT THESE PROGRAMS ARE BETTER DONE BY PUBLIC AGENCIES.
AND, OF COURSE, THERE IS ALWAYS THE POINT OF VIEW THAT A COMBINATION
OF THE TWO DELIVERS THE BEST FINAL PRODUCT.

I DO NOT HAVE THE ANSWER TO THESE QUESTIONS. I AM HOPEFUL THAT
ALL OF YOU WILL FIND THE BEST SOLUTIONS TO THOSE MANY PROBLEMS THAT
WE HAVE WITH MEDICAID.

THE LEGISLATORS, MEANTIME, ARE BUSY LOOKING FOR ANSWERS IN O
WE HAVE JUST PASSED THE STATE'S NEW TWO YEAR BUDGET BILL.
IT HAS BEEN SIGNED INTO LAW BY THE GOVERNOR. IN THAT LAW WE HAVE
DIRECTED THE OFFICE OF BUDGET AND MANAGEMENT, IN COOPERATION WITH THE
DEPARTMENT OF PUBLIC WELFARE, THE LEGISLATIVE BUDGET OFFICE AND THE
LEGISLATIVE SERVICE COMMISSION, TO CONTRACT FOR PRIVATE CONSULTING
SERVICES FOR THE EVALUATION OF THE ADMINISTRATION OF THE STATE MEDICAL
SERVICES ASSISTANCE PROGRAM BY A FISCAL AGENT OR AN INSURING AGENT.

WE WANT THAT CONSULTANT TO STUDY WHETHER SIGNIFICANT COST
SAVINGS MIGHT BE ACHIEVED BY THE STATE OF OHIO IN THE STATE MEDICAL
ASSISTANCE PROGRAM THROUGH THE USE OF A FISCAL AGENT OR AN INSURING
AGENT IN THE ADMINISTRATION OF THE PROGRAM AS OPERATED PURSUANT TO
CHAPTER 5111.05 OF THE OHIO REVISED CODE. WE WANT THIS STUDY TO
CONSIDER SUCH THINGS AS:

1. THE SHORT AND LONG TERM POTENTIAL FOR LOWEST ADMINISTRATIVE

COST,

2. MOST ECONOMICAL AND SHORTEST RESPONSE TIME IN IMPLEMENTING

LEGISLATIVE OR REGULATORY CHANGES:

3. THE GREATEST AVAILABILITY OF MEDICAL SERVICES,

4. THE MOST EFFECTIVE COST AND CONTROL AND COST AVOIDANCE

TECHNIQUES,

5. THE SLOWEST ANNUAL INCREASE IN COST OF ADMINISTRATION AND

MEDICAL SERVICES AND,

6. SUCH OTHER FACTORS AS SPECIFIED IN ANY REQUEST FOR PROPOSALS

MADE BY THE AUTHORIZED STATE AGENCIES TO THE CONSULTANT GRANTED THE

CONTRACT TO MAKE THE STUDY.

IT IS MY BELIEF THAT THROUGH THIS ACTION, AS PROVIDED FOR IN OUR
NEW BUDGET BILL, WE WILL FIND MANY SPECIFIC ANSWERS TO THE HAUNTING
QUESTIONS OF HOW WE CAN SERVE THE MOST PEOPLE IN THE BEST WAY AND AT
THE MOST REASONABLE COST TO ALL TAXPAYERS.

THE BUDGET BILL REQUIRES THAT A RECOMMENDATION ON A CONSULTING CONTRACT TO SEE, THESE ANSWERS BE MADE TO THE CONTROLLING BOARD BY DECEMBER 15TH. THAT'S LESS THAN ONE MONTH AWAY.

THE OHIO DEPARTMENT OF PUBLIC WELFARE IS ATTEMPTING TO SPEED UP ITS ADMINISTRATIVE WORK

MEANTIME, I UNDERSTAND THAT THE OHIO DEPARTMENT OF PUBLIC WELFARE IS ATTEMPTING TO PAY 90 PERCENT OF CORRECT MEDICAID CLAIMS WITHIN 30 DAYS. THERE HAVE BEEN PROBLEMS IN BILLINGS FOR MEDICAL SUPPLIES WHICH ACCOUNT FOR ABOUT ONE PERCENT OF ALL BILLINGS. SINCE THESE ARE HAND KEYPUNCHED THERE HAVE BEEN DELAYS WITH STATE CASH FLOW PROBLMES AND THE HANDPUNCHED SYSTEM SOME OF YOU PROVIDERS HAVE HAD DELAYS IN GETTING PAID THAT WERE FAR TOO LONG. ALL OF US WANT TO SPEED THIS UP AND HAVE A BETTER, MOST CITIZEN CENTERED BUT COST EFFECTIVE SYSTEM.

CLOSING

WITH YOU PEOPLE HERE THIS EVENING WORKING HARD TO FIND THE BEST ANSWERS TO THE MEDICAID PROBLEMS AND WITH OUR STATE AGENCIES, THROUGH LEGISLATIVE ACTION, DOING THE SAME THING, WE WILL FIND THE BEST WAY.

THAT BEST WAY WILL ALLOW ALL OF US TO DO WHAT WE MUST BE DOING: PROVIDING THE MOST SERVICE TO THE MOST PEOPLE. WE HAVE MADE IT POSSIBLE FOR SO MANY CITIZENS, TRADITIONALLY LEFT OUT OF THE HEALTH CARE DELIVERY SYSTEM, TO BE COVERED AND BE A PART OF THAT SYSTEM.

IN THE PAST 15 YEARS WE HAVE LEARNED A LOT. MISTAKES HAVE BEEN MADE USUALLY BECAUSE WE WERE BREAKING NEW GROUND. WE ARE LEARNING BY THOSE ERRORS AND WE INTEND TO LEARN MORE.

IN THE FUTURE WE WILL SERVE THE PEOPLE WHO NEED IT MOST UNDER OUR STATE'S MEDICAL ASSISTANCE PROGRAM AND WE WILL SERVE THEM BETTER.

AS ONE OF THEIR ELECTED REPRESENTATIVES IT IS MY DUTY TO PLACE THE BEST INTERESTS OF THE CITIZEN-TAXPAYERS ABOVE ALL ELSE IN MY WORK THAT I HAVE DONE AND WILL CONTINUE TO DO.

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IT HAS BEEN MY PLEASURE TO BE WITH YOU THIS EVENING AND TO SHARE

YOUR COMPANY AND TO ENJOY YOUR COMPANY